01.4	1140 40 511 51	mber 10, 199			09/	/04	043	
CLA	(Column 1)		Column 2)	SMAI	LENTITY	1	OTHE	R THAN
FOR	NUMBER FILED NUMBER EXTRA			RATE		OR		LENTITY
ASIC FEE				PATE			RATE	FEE
OTAL CLAIMS	6 minu	us 20= •			380.0	OR	سنج	760.00
IDEPENDENT CLAIMS				X\$ 9	-	OR	X\$18=	_
ULTIPLE DEPENDENT		us 3 = *		X39=		OR	X78=	1-
TO CHO EN CHOCKET	DAIM PRESENT	N		+130-		OR	+260=	12
If the difference in colu	mn 1 is less than	zero, enter "0"	in column 2	TOTAL				This AC
IN SLAIMS	S AS AMENDI	ED - PART II				_JOR		100.00
	ımn 1) 🦠	(Column 2	(Column 3)	SMAL	L ENTITY	OR	SMALL	
REM	NING G	HIGHEST NUMBER	PRESENT '		ADDI-			ADDI-
AMEN	TER DMENT	PREVIOUSL PAID FOR	Y EXTRA	RATE	TIONA		RATE	TIONAL
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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			+130=	国际。	OR	+260=	
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REMA AFT		NUMBER PREVIOUSLY	PRESENT, EXTRA	RATE	ADDI- TIONAL		RATE	ADDI-
Total		PAID FOR	- Child		FEE		· · · · ·	FEE
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+130=	1.00			
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CLAI		(Column 2)	(Column 3)		3 3			
REMAI	R P	NUMBER PREVIOUSLY	PRESENT EXTRA	RATE.	ADDI- TIONAL		RATE	ADDI- TIONAL
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		imn 2, write "0" in a		¥150=		OR	+200=	